UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

03-RC-294985

DO NOT WRITE IN THIS SPACE 5/272022

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a, Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, 2ll Starbucks Corporation 580 Shelburne Road #9, South Burlington, VT 05401 3b. Address (If same as 2b - state same Sa. Employer Representative - Name and Title Howard Schultz, CEO (see attached for DM) 2401 Utah Avenue South, Suite 800, Seattle, WA 98134 3d. Cell No. Se. Fax No. 3f, E-Mail Address 206-318-2212 hschultz@starbucks.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Coffee shop South Burlington, VT Food and beverage 6a. No. of Employees in Unit: Included: All full-time and regular part-time Baristas, Shift Supervisors, Asst. SMs 19 6b. Do a substantial number (30% Excluded: Store Managers; office clericals, guards, and supervisors as defined by Act. or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Politioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address None 8c, Tel No. 8d Cell No. Se Fax No. 8f. E-Mail Address 8g. Attitiation, if any Sh. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual V Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c, Election Time(s): 11d. Election Location(s): 516/22 TBD N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Workers United 2954 Main Street, Suite 556, Buffalo, NY 14214 12c. Full name of refinned or international labor organization of which Publicaner is an affiliate or constituent (if none, so state) Workers United 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address gbonadonnajr@rrjb.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Michael Dolce, Attorney 13b. Address (street and number, city, state, and ZIP code) 471 Voorhees Ave., Buffalo, NY 14216 13e. Fax No. 716-912-3480 mdolce@hayesdolce.com I declare that I have read the above potition and that the statements are true to the best of my knowledge and belief. Name (Print) Michael Dolce Attomey May 1, 2022 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et ang. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or httpation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.